



SENATE JUDICIARY

Exhibit No. 6  
Date: 3/25/15  
Bill No. HB 587

March 25, 2015

To: Montana Senate Judiciary Committee

From: Michelle Reimer, Executive Director, Clear Choice Clinic, Kalispell

Re: Testimony in support of HB587

Good morning Mr. Chairman and committee members, my name is Michelle Reimer. I am a nurse and the Executive Director of Clear Choice Clinic in Kalispell. Clear Choice is a AAAHC accredited medical clinic specializing in pregnancy diagnosis and support services. I have been caring for women facing unintended pregnancies since 2007. I am here today to support House Bill 587, not because of my position on abortion, but because of my concern for the physical health and well-being of the women of Montana.

It has been my experience that, after abortion, women are often hesitant to seek medical follow up in the event of a complication. I have received numerous calls from women suffering complications from a medical abortion, asking for help from our clinic because they weren't willing or able to drive to the clinic that provided their abortion. If they aren't willing or able to return to a provider they *know*, how much greater will their hesitation be to seek help from someone they *don't know*?

It is not unreasonable for a woman to expect that her physician would follow the drug manufacturer's guidelines for Mifeprex, also known as RU486...the abortion pill. The manufacturer recommends, and the FDA has approved, Mifeprex as an "...early option for non-surgical abortion in the first 49 days of pregnancy." Today in Montana, Mifeprex is being dispensed to terminate pregnancies up to 70 days gestation. Deviating from the manufacturer's 49 day limitation increases the risk of an incomplete abortion, requiring surgical intervention – a complication patients are ill-equipped to identify. How much bleeding is too much? Without a physician available for follow up, a woman may not have that question answered until it's too late.

NARAL, Planned Parenthood and others will argue that telemedicine abortions broaden a woman's access to abortion services in rural areas. However, manufacturer guidelines state that Mifeprex should not be used if the patient cannot return to the prescribing physician for additional visits, or if she cannot *easily* obtain *emergency* medical help for the 2 weeks following its administration. The makers of Mifeprex state that up to 8% of women who receive the drug will experience bleeding significant enough to require surgical intervention; immediate access to medical care is critical in this instance. If a woman receives an abortion via telemedicine because of lack of physical access to a physician willing to

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prescribe the drug, it stands to reason that she will also lack a physician for even the most routine follow up. Telemedicine abortions *will* broaden a woman's access to abortion – they will also increase her risk of facing a dangerous complication *alone*, without medical backup.

It is also important to note that Mifeprex is *not* appropriate for, and can cause life-threatening complications in, a patient experiencing an ectopic pregnancy – an embryo developing outside the uterus, most commonly in the fallopian tube. Planned Parenthood's website states that an ectopic pregnancy is diagnosed by a provider's pelvic exam and ultrasound, begging the question: How can a physician providing a webcam abortion rule out an ectopic pregnancy without a physical exam? A medical abortion will not "cure" an ectopic pregnancy; the embryo will remain unaffected, growing until it ruptures and causes damage to the woman, up to and including the loss of her life. How can a physician be assured that the abortion he is prescribing won't instead pose a dire risk to the life of his patient?

Let's look at it from a different, yet similar, perspective – in terms of access to birth control, something most agree is a fundamental right of women. Every woman in America who has ever made the decision to begin hormonal birth control knows the routine: choose a medical provider; make an appointment; keep that appointment and at it expect a physical exam, breast exam and Pap smear, as well as counsel from her physician regarding her best options for birth control; then make a trip to the pharmacy to fill that prescription. Then, and only then, will she have access to hormonal birth control. I have never heard a woman state that this process has denied her fundamental *right of access to birth control*. It is simply the best process by which good medical care is given, one in which both the patient *and* the provider are protected.

No matter what your stance is on the very sensitive topic of abortion, I would ask that you put that aside, and simply address what we Montanans will accept as basic medical care. For the health and well-being of your wives, daughters and the women of Montana, please ensure that the highest standard of care is the rule, not the exception in Montana. And vote yes on House Bill 587.

Thank you.



[For Health Professionals](#)[For Media](#)[Español](#)[Prescribing Info](#)[FAQ](#)[Resources](#)[Abortion Facts](#)Mifeprex (mifepristone) medical abortion pill (ru486) <http://earlyoptionpill.com> > Is Mifeprex\* right for me?

## Is Mifeprex\* right for me?

### Deciding if Mifeprex is right for you

Mifeprex can be taken only during the first 49 days of pregnancy and should not be used in cases of confirmed or suspected ectopic pregnancy, as Mifeprex is not effective for terminating those pregnancies. You should discuss with your healthcare provider whether or not Mifeprex is the right choice for you. And be sure to tell your provider if you're taking any other medications.

### Who Should Not Take Mifeprex?

Some women should **not** take Mifeprex if:

It has been more than 49 days (7 weeks) since your last menstrual period began.

You have an IUD. It must be taken out before you take Mifeprex.

Your provider has told you that you have a pregnancy outside the uterus (ectopic pregnancy).

You have problems with your adrenal glands (chronic adrenal failure).

You take a medicine to thin your blood.

You have a bleeding problem.

You take certain steroid medicines.

You cannot return for the next 2 visits.

You cannot easily get emergency medical help in the 2 weeks after you take Mifeprex.

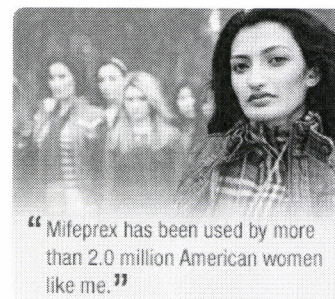
You are allergic to mifepristone, misoprostol, or medicines that contain misoprostol, such as Cytotec or Arthro-  
tec.

Tell your provider about all your medical conditions to find out if you can take Mifeprex. Also, tell your provider if you smoke at least 10 cigarettes a day.

For more information on Mifeprex, you may wish to explore the What to expect? [what-to-expect](#) section of this website.

### Is Mifeprex\* Right For Me?

More Facts About Mifeprex  
<http://earlyoptionpill.com/is-mifeprex-right-for-me/more-facts-about-mifeprex/>



## IMPORTANT SAFETY INFORMATION

Although cramping and bleeding are an expected part of ending a pregnancy, rarely, serious and potentially life-threatening bleeding, infections, or other problems can occur following a miscarriage, surgical abortion, medical abortion, or childbirth. Prompt medical attention is needed in these circumstances. Serious infection has resulted in death in a very small number of cases; in most of these cases misoprostol was used in the vagina. There is no information that use of Mifeprex and misoprostol caused these deaths. If you have any questions, concerns, or problems, or if you are worried about any side effects or symptoms, you should contact your provider.

**Be sure to contact your provider promptly if you have any of the following:**

**Heavy Bleeding.** Contact your provider right away if you bleed enough to soak through two thick full-size sanitary pads per hour for two consecutive hours or if you are concerned about heavy bleeding. In about 1 out of 100 women, bleeding can be so heavy that it requires a surgical procedure (surgical abortion/D&C) to stop it.

**Abdominal Pain or "Feeling Sick".** If you have abdominal pain or discomfort, or you are "feeling sick", including weakness, nausea, vomiting, or diarrhea, with or without fever, more than 24 hours after taking misoprostol, you should contact your provider without delay. These symptoms may be a sign of a serious infection or another problem (including an ectopic pregnancy, a pregnancy outside the womb).

**Fever.** In the days after treatment, if you have a fever of 100.4°F or higher that lasts for more than 4 hours, you should contact your provider right away. Fever may be a symptom of a serious infection or another problem (including an ectopic pregnancy).

**Take your MEDICATION GUIDE with you.** When you visit an emergency room or a provider who did not give you your Mifeprex, you should give them your MEDICATION GUIDE so that they understand that you are having a medical abortion with Mifeprex.

Mifeprex\* is a registered trademark of Danco Laboratories, LLC  
1-877-4 Early Option  
1-877-432-7596  
[info@earlyoptionpill.com](mailto:info@earlyoptionpill.com)

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FDA approved since 2000.  
A safe and effective non-surgical option for ending early pregnancy.

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Mifeprex (mifepristone) medical abortion pill (ru486) <http://earlyoptionpill.com> > What is Mifeprex? <http://earlyoptionpill.com/what-is-mifeprex/> > Effectiveness & Advantages

## Effectiveness & Advantages

### Find out why more women are choosing this safe and effective non-surgical option for ending early pregnancy.

Mifeprex\* is 92-95% effective for safely ending early pregnancy (5-8% of women will need a surgical procedure to end the pregnancy or stop heavy bleeding).

Since Mifeprex was approved by the Food and Drug Administration in September 2000, more than 2 Million women in the United States and millions of women worldwide have chosen this option. Here are some advantages:

It's a more private option for safely ending pregnancy.

It comes in an easy-to-take pill form.

It allows you to avoid surgery and anesthesia in most cases.

To learn more about Mifeprex, explore the links below and find the answers you need to make an informed decision.

[What To Expect </what-to-expect/>](#)

[Safety Information </safety-information/>](#)

[How to Get Mifeprex </how-do-i-get-mifeprex/>](#)

[Patient Medication Guide </resources/medication-guide/>](#)

[Patient Agreement </resources/patient-agreement/>](#)

[Frequently Asked Questions </faq/>](#)

[Resources </resources/>](#)

[Patient Brochure </wp-content/uploads/2014/04/brochure.pdf>](#)

### What Is Mifeprex?

#### Effectiveness & Advantages

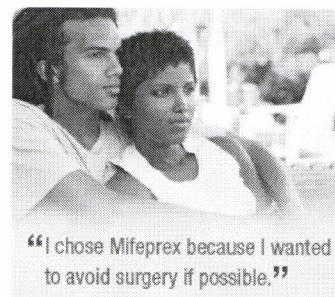
<http://earlyoptionpill.com/what-is-mifeprex/effectiveness-advantages/>

#### More Facts About Mifeprex

<http://earlyoptionpill.com/what-is-mifeprex/more-facts-about-mifeprex/>

#### Mifeprex in the United States

<http://earlyoptionpill.com/what-is-mifeprex/mifeprex-in-the-united-states/>



"I chose Mifeprex because I wanted to avoid surgery if possible."

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FDA approved since 2000.  
A safe and effective non-surgical option for ending early pregnancy.



# **Planned Parenthood**

## **Ectopic Pregnancy**



### **Ectopic Pregnancy at a Glance**

- An uncommon but serious pregnancy complication
- Happens when a fertilized egg implants outside of the uterus
- Symptoms include abdominal and shoulder pain, cramps, vaginal bleeding, nausea, and dizziness
- Women need treatment right away

Many women are concerned about having a pregnancy complication. Ectopic pregnancy is a very serious one. Whether you think that you may have an ectopic pregnancy, are a concerned partner or friend, or are just curious, you may have many questions. Here are some of the most common questions we hear women ask about ectopic pregnancy.

### **Is Ectopic Pregnancy Dangerous?**

Yes. Ectopic pregnancy is life threatening. It is a leading cause of pregnancy-related death during the first trimester in the U.S. A growing embryo can rupture — burst — a fallopian tube. That can lead to internal bleeding and infection. The good news is that effective treatment is available.

If you have severe pain or bleeding, go to the emergency room right away. If you have any other symptoms of ectopic pregnancy, contact your health care provider right away. The earlier an ectopic pregnancy is diagnosed and treated, the better.

### **How Can I Know If I Have an Ectopic Pregnancy?**

A health care provider can diagnose an ectopic pregnancy. Usually, a provider does a pelvic exam and uses ultrasound. Your provider may also use blood tests or a laparoscope — a thin instrument inserted into the abdomen.